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PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	1166/61926-A
	First Named Inventor	Carl-Eric Ohlson
	Original Patent Number	5,764,724
	Original Patent Issue Date (Month/Day/Year)	June 9, 1998
	Express Mail Label No.	EL628789315US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☐ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other: **Communication with... attached Exhibits A-I**

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label  or ☐ Correspondence address below

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23432

Name			
Address	PATENT TRADEMARK OFFICE		Zip Code
City	State	Fax	
Country	Telephone		

NAME (Print/Type)	Ivan S. Kavrukov	Registration No. (Attorney/Agent)	25,161
Signature	<i>Ivan S. Kavrukov</i>	Date	April 5, 2001

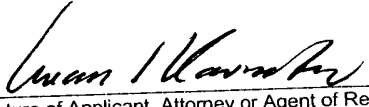
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 1166/61926-A		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(j))	(B) 3	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 3	1 =	x \$ 80 =		x \$ _____ =	80	
Basic Fee (37 CFR 1.16(h))					\$ _____			
Total Filing Fee					\$	OR	\$ 790	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS **	*	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS *****		=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p><input type="checkbox"/> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-3125</u>.</p> <p><input type="checkbox"/> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>790</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>April 5, 2001</p> <p>_____ Date</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p>_____ Signature of Applicant, Attorney or Agent of Record</p> <p>Ivan S. Kavrukov</p> <p>_____ Typed or printed name</p> </div> </div>								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application Of: Carl-Eric Ohlson
For: METHOD OF MAKING X-RAY PHOTOGRAPHS OR
EXPOSURES OR OTHER TYPE OF RADIATION
SENSING, SUCH AS ELECTRONIC IMAGE
STORAGE, AND A PATIENT TABLE HAVING A
RECEPTOR UNIT FOR SUCH PHOTOGRAPHY,
EXPOSURE OR IMAGE STORAGE
Reissue Application No.: [Continuation of Reissue Application S.N. 09/590,633]
Reissue Application Filing Date: Concurrently herewith
Original Patent No.: 5,764,724
Original Patent Granted On: June 9, 1998

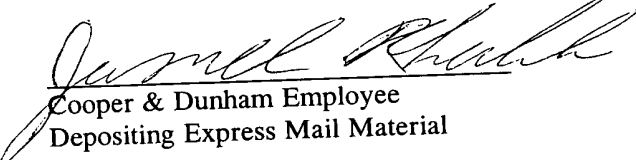
1185 Avenue of the Americas
New York, New York 10036

Assistant Commissioner for Patents
Washington, D.C. 20231

EXPRESS MAIL LETTER OF TRANSMITTAL

Express Mail mailing label number EL628789315US
Date of Deposit April 5, 2001

I hereby certify that the above-identified reissue application consisting of the Abstract, specification, 19 original patent claims (canceled) and 3 added reissue claims, 9 sheets of formal drawings, executed Supplemental Reissue Application Declaration by the Inventor, 3 copies of the Reissue Application Transmittal, Reissue Application Fee Transmittal Form, Communication with attached Exhibits A-I, Information Disclosure Statement, attached form PTO-1449 and copies of the cited information, a check for the \$790 filing fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.


Cooper & Dunham Employee
Depositing Express Mail Material

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